2194

O PE 40ur	Docket No: 42P11711			
DEC 2 3 2005	IN THE UNITED STATES PA	TENT	AND TRADE	MARK OFFICE
TRADE IN T	e Application of:)		
	Buch)	Examiner:	Opie, George L.
Арр	olication No: 09/960,545) .	Art Unit:	2194
File	d: September 21, 2001)		
For	High Performance Synchronization of Accesses by Threads to Shared)		

AMENDMENT

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 21, 2005, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

FIRST CLASS CERTIFICATE OF MAILING

• • •	t this paper or fee has been addressed to the Commissioner for Patents, P.O.
Dece	ember 19, 2005
Dat	e of Deposit
Le	ah Schwenke
Name of Person	n Mailing Correspondence
Theah Schulence	12/19/05
Signature	Date

EC 3 3 5002 PM						
TRADENT EE TRANSMIT	TAI		Complete if Known			
		Application Number	09/960,545			
for FY 2005		Filing Date	September 21, 2001			
Patent fees are subject to annual revision	on.	First Named Inventor	Deep K. Buch			
Applicant claims small entity status. See	e 37 CFR 1.27.	Examiner Name	Opie, George L.			
TOTAL AMOUNT OF PAYMENT	(6) 0.00	Art Unit	2126			
TOTAL AMOUNT OF PATIMENT	(\$) 0.00	Attorney Docket No.	42390P11711			
METHOD OF PAYMENT (check all t						
☐ Check ☐ Credit card ☐ Money Or	der None O	Other (please identify):				
Deposit Account Deposit Account N	umber: <u>02-2666</u> D	eposit Account Name:	Blakely, Sokoloff, Taylor & Zafman LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.						
FEE CALCULATION						
1. :EXTRA CLAIM FEES Extra Claims Extra Fee from below Fee Paid						
Code (\$) Code (\$) 1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple Dependent claims, if not paid 1204 300 2204 150 **Reissue independent claims over original patent 1205 300 2205 150 **Reissue claims in excess of 20 and over original patent **or number previously paid, if greater, For Reissues, see below **SUBTOTAL (1) (\$) 0.00 2. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Fee						

Large	Entity	Silla	in Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
2053	130	2053	130	Non-English specification		
1251	120	2251	60	Extension for reply within first month		
1252	450	2252	225	Extension for reply within second month		
1253	1,020	2253	510	Extension for reply within third month		
1254	1,590	2254	795	Extension for reply within fourth month		
1255	2,160	2255	1,080	Extension for reply within fifth month		
1401	500	2401	250	Notice of Appeal		
1402	500	2402	250	Filing a brief in support of an appeal		
1403	1,000	2403	500	Request for oral hearing		
1451	1,510	2451	1,510	Petition to institute a public use proceeding		
1460	130	2460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))		
Other fee	e (specify)					
				SUBTOTAL (2)	(\$)	

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980		
Signature	ashlught			Date	12/19/05		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokooff, Taylor & Zafman (wtr) 12/15/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Mexandria, VA 22313-1450